

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**DECLARATION OF LOCATION**

SHPO USE ONLY  
Site Number

SHPO USE ONLY  
State Project Number

Read the instructions carefully before completing this form. Type or print clearly in black ink.

**1. NAME OF RESOURCE**

Name of resource \_\_\_\_\_

Address of resource Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ ZIP \_\_\_\_\_

**2. OWNER OF RESOURCE**

Name \_\_\_\_\_

Address of owner Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Email \_\_\_\_\_

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

☐ The \$25 processing fee is included with the Part 1 application. See instructions for details.

**3. DECLARATION**

*To be completed by an official representative of the local unit of government*

Name of local historic district \_\_\_\_\_ Year established \_\_\_\_\_

Name of official representative \_\_\_\_\_

Title of official representative \_\_\_\_\_

Address of local unit of government

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ ZIP \_\_\_\_\_

*I hereby attest that the information provided is, to the best of my knowledge, correct, and that the above-named resource is located within the boundaries of a local historic district as established under Michigan's Local Historic Districts Act (P.A. 169 of 1970, as amended).*

Signature of official representative \_\_\_\_\_ Date \_\_\_\_\_

**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
VERIFICATION OF THE STATE EQUALIZED VALUE**

SHPO USE ONLY  
Site Number

SHPO USE ONLY  
State Project Number

Read the instructions carefully before completing this form. Type or print clearly in black ink.

**1. NAME OF RESOURCE**

Name of resource \_\_\_\_\_

Address of resource      Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ ZIP \_\_\_\_\_

**2. OWNER OF RESOURCE**

Name \_\_\_\_\_

Address of owner      Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. VERIFICATION**

*To be completed by an official representative of the local unit of government*

The State Equalized Value (SEV) of the above-named property \$ \_\_\_\_\_

Name of official representative \_\_\_\_\_

Title of official representative \_\_\_\_\_

Address of local unit of government

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ ZIP \_\_\_\_\_

*I hereby attest that the State Equalized Value (SEV) noted is, to the best of my knowledge, correct for the above-named property.*

Signature of official representative \_\_\_\_\_ Date \_\_\_\_\_